104	Income Tay Poturn idends,	ncome	10,000 or more, or ofrom interest, div- powithheld wages is a Form 1040.				1968	
U.S. Tressury Department internal Revenue Service Please Fr print	1. Name (If joint return, use first names and middle initials of both)			Your social security number		4. Check one:  a. Single; b. Married filing joint return (even if only one had income); c. Married filing separate-		
J.S. Treasu Internal Re Please print	City, town or post office, State and ZIP code			a return, enter her (his) so name here	cial security	number in	item 3 and give first	
Enter below name and address used on your return for 1967. (If same as above, write "Same.") If none filed, give reason. If changing from separate to joint or joint to separate returns, enter 1967 names and addresses.			Enter total wages, salar Forms W-2, Copy B. I Forms W-2 attach expl	f not shown on enclosed	Yours Spouse's			
			Interest		Your: Spouse's	.		
If item 7 is \$5,000 or more, compute tax & surcharge & pay item 10 in full with return. If under \$5,000, IRS will compute tax if you omit items 8, 10 & 11 (but complete item 9).			Dividends: Yours—before exclusion \$					
For tax, see instructions: pages 5–7 for regular tables, page 8 ► for surcharge, page 4 for \$5,000 or more computation.		8a. 9.		. Surcharge \$ ax withheld (from Forms	c. Tota W-2)			

10. If item 8c is larger than item 9, enter

11. If item 9 is larger than item 8c, enter

Balance due ► Refund ►

U.S. Savings Bonds, & excess refunded; or

LIST YOUR EXEMPTIONS AND SIGN ON OTHER SIDE.

Refund only.

Apply refund to:

Regular 65 or over Blind  12. EXEMPTIONS FOR YOURSELF—AND SPOUSE (only if all her (his) fincome is included in this return, or she (he) had no income)  Check boxes which apply  Spouse									
13. First nar	nes of your dependent children who live	ed with you				Enter numbe	er 🕨		
14. DEPENDEN OTHER TH THOSE CLAIMED IN ITEM	Enter figure 1 in the last col- umn to right for each name listed (if more space is needed, attach	(b) Relationship	(c) Months lived in your home. If born or died dur- ing year also write "B" or "D"	(d) Did dependent have income of \$600 or more?	(e) Amount YOU fur- nished for depend- ent's support. If 100% write "ALL"	(f) Amount furnished by OTHERS including dependent. See in- struction 14	: 1		
•					\$	\$			
				***************************************			- ▶		
							- ▶		
15, TOTAL	EXEMPTIONS FROM ITEMS 12, 13, AN	ID 14 ABOVE				,	▶		
Your present	t employer and address	· · · · · · · · · · · · · · · · · · ·							
If you had a	in expense allowance or charged expens	ses to your emplo	yer, see instruction	ns for "Reim	oursed Expenses" a	nd check here [] if	appro	priate	
-	nder penalties of perjury, I declare that								
Sign	Your signature	***************************************		m/M 44 Co-fot scanned ( 4 + 1944   624 + 624 + 62	L <del>esses 40</del> 000000 es <del>terioristicis i est</del> erioristicis esterioristicis esterioristici esterioristi esterioristici esterioristici esterioristici esterioristici este	racecessorial was restant and accepted	Date	e	
here	Spaces's signature (If filing injuly BOTH mu	· ·	GPO : 1968-O-290-016	Date	e				